

**Department of Human Services
Human Services Committee
Representative Chuck Damschen, Chairman
July 30, 2013**

Chairman Damschen, members of the Human Services Committee, I am Karen Tescher, Assistant Director of the Long Term Care Continuum of Medical Services, for the Department of Human Services. I am here today to provide you with comments regarding the committee's study of home and community-based services (HCBS).

I have distributed the HCBS booklet along with Attachment A which outlines the Medicaid Children's Waivers. I would like to briefly review the information at this time.

The Money Follows the Person demonstration grant which was awarded to North Dakota Medicaid in 2007 has now been extended through 2016 with an additional four years of spending allowed through 2020. Attachment B gives an overview of the grant program and the current number of individuals that have been assisted in transitioning from nursing facilities and intermediate care facilities. Please refer to Attachment B and I will provide further explanation.

During the 2013 legislative session, funding for several system enhancements was approved. Please see attachment C for a brief description of the enhancements and the timelines for them to be implemented.

This concludes my testimony and I would be happy to answer any questions you may have.

MEDICAID WAIVERS / STATE PLAN FOR HOME & COMMUNITY BASED SERVICES (2013) CHILDREN SERVICES

CHILDREN'S HOSPICE WAIVER PENDING APPROVAL FROM CMS	MEDICAID STATE PLAN FOR CHILDREN'S HOSPICE PENDING APPROVAL FROM CMS	MEDICAID WAIVER SELF DIRECTED SUPPORTS FOR MEDICALLY FRAGILE CHILDREN	AUTISM WAIVER LEGISLATIVE CHANGES WILL BE APPLIED AFTER 1/1/2014.
<p>Service:</p> <ul style="list-style-type: none"> • Home Health Aide- respite • Expressive Therapy • Grief Counseling • Case Management- monitoring • Equipment and Supplies above state plan coverage 	<p>Services:</p> <ul style="list-style-type: none"> • Medicaid State Plan • Hospice enrollment to include curative measures, without the election of Hospice Care. 	<p>Service:</p> <ul style="list-style-type: none"> • In-Home Supports • Institutional Respite • Transportation • Equipment and Supplies • Individual and Family Counseling • Dietary Supplements • Environmental Modifications • Case Management (optional) 	<p>Service:</p> <ul style="list-style-type: none"> • Environmental Modifications • Equipment & Supplies • In-Home Supports • Intervention Coordination <ul style="list-style-type: none"> – Assessment – Person Centered Service Plan Development – Home Visits – Consultation
<p>Functional Eligibility</p> <ul style="list-style-type: none"> • Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09) • Birth to 22nd birthday • Life limiting diagnosis of possibly one year of life expectancy • Not eligible or receiving services through another waiver • Needs at least one waiver service quarterly • Child lives with a primary caregiver • Agree with Case Plan 	<p>Functional Eligibility</p> <ul style="list-style-type: none"> • Looks at full family financial eligibility 	<p>Functional Eligibility</p> <ul style="list-style-type: none"> • Screened in need of nursing facility level of care (LOC Screening NDAC 75-02-02-09) • 3 to 18 years of age • Greatest need as determined through a Level of Need ranking process • Not eligible or receiving services through another waiver • Requires support for Health & Safety • Needs at least one waiver service quarterly • Child lives with a primary caregiver capable of self directing services • Agree with Case Plan 	<p>Functional Eligibility</p> <ul style="list-style-type: none"> • Meets ICF/MR Level of Care • Not eligible or receiving services through another waiver • Requires supports for Health & Safety • Has received a validation of diagnosis being on the Autism Spectrum from the DSM-revision IV, by the eligibility assessment team. • Capable of self directing services • Person lives with a primary caregiver who is capable of self directing services
<p>Financial Eligibility Must be Medicaid Eligible</p> <p>Program Cap Limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department.</p>	<p>Financial Eligibility Must be Medicaid Eligible</p>	<p>Financial Eligibility Must be Medicaid Eligible</p> <p>Program Cap : \$18,996 annually (Cost Limit Lower than Institutional Costs)</p>	<p>Financial Eligibility Medicaid Eligible</p> <p>Program Caps Age limitation of birth through four. Limited to 30 individuals per year Environmental Mod. – up to \$5,200.00 per year. Equipment & supplies – up to \$5,200.00 per year. In-Home Supports – up to 150 hours per quarter.</p>

**North Dakota Department of Human Services
Money Follows the Person Demonstration Grant Information
July 2013**

Primary Goal: Provide choice to consumers who need Long Term Support Services (LTSS)

Transitions 2008-2013

Grant Year	Older Adult	Individuals with a physical disability	Individuals with an Intellectual or developmental disability	Children	TOTAL
2007	0	0	0	0	0
2008	1	1	3	0	5
2009	4	7	4	0	15
2010	4	6	16	0	26
2011	5	8	19	0	32
2012	13	21	12	1	47
2013	8	6	13	0	27
Totals	35	49	67	1	152

MFP Demonstration Services:

- **One-time moving cost assistance:** Payment of up to \$3,000 for deposits, home furnishings, household items, and assistive technology etc.
- **Transition Coordination:** Assistance with planning the return home from a nursing home or intermediate care facility for individuals with an intellectual disability.
- **Transition Adjustment Support:** Educational supervision provided by a qualified service provider to assist in learning how to live independently after an institutional stay.
- **Nursing Assessment:** Assess medical needs prior to discharge as well as 14 days and 90 days after transition.
- **24-hour Back-up:** Toll-free call services and provision of weekly RN follow-up calls after transition.

MFP Stakeholder Committee: Members meet four times a year and provide information on barriers to the delivery of services in the community vs. an institutional setting and provide input to the state on efforts to divert institutional placement to community based supports.

Workforce Development: Qualified Service Provider educational sessions have been provided to nearly all counties in ND. These county by county educational sessions will continue on a routine basis. A workforce committee has been formed and is addressing the need to develop a larger pool of qualified direct service workers for all care settings.

Housing: MFP Housing Database continues to be populated with housing information from around the state. Regional Housing specialists are reaching out more specifically to DD Providers, Serious Mental Illness (SMI) Case Managers, and nursing facility social workers to assist with location of housing.

North Dakota State Hospital (NDSH) Transition Assistance: This program has assisted 42 people from the NDSH and one from the Developmental Center with one-time moving costs.

Marketing HCBS: New TV advertisement is being developed to be released in September 2013 and February 2014 to increase awareness of the HCBS and MFP Grant services. Education to seniors and community professionals is being provided across the state in cooperation with the Options Counselors.

MFP Tribal Initiative: CMS has released a grant application for an MFP Tribal Initiative which will be due on October 17, 2013. The Department is reviewing the grant information at this time.

Attachment C

Long Term Care Continuum Legislative Highlights:

- 2.3 million increase (1.7 million general fund) for a mileage differential to Qualified Service Providers (QSP) for round trips in excess of 20 miles. This will encourage QSPs to serve individuals living in rural areas of North Dakota. Implementation date is 1/1/2014.
- Added home delivered meals 7 days a week to SPED and ExSPED for clients under 60 years old. Implementation date is 1/1/2014.
- Added extended personal care services for the SPED program to allow specifically trained QSPs to administer medications and do other medical tasks. Implementation date is 1/1/2014.
- Added personal care with supervision to the HCBS waiver to allow individuals with a primary diagnosis of dementia or traumatic brain injury (TBI) to receive 24-hour supervision within a daily rate. Implementation date is 7/1/2014.
- HB 1180 states, "The department shall establish a pilot program for the provision of independent case management services under the service payments for elderly and disabled program within a county located entirely within an Indian reservation for the biennium beginning July 1 2013 and ending June 30, 2015." This will allow Sioux County to have an agency or Licensed Independent Clinical Social Worker (LICSW) provide case management to SPED clients. Previously, only the county case managers could provide case management for the SPED program. The Department would be happy to provide updates on the pilot project as part of the committee's study of HCBS.

- \$250,000 was appropriated for a Long Term Care Study. The Department issued an RFP. Proposals are currently being evaluated. The Department would like to provide updates to the committee as part of its study of HCBS.
- Funding was provided for guardianship (HB 1041) and for petitioning costs and adult protective services (HB 1012). In addition, SB 2323 enacted mandatory reporting for vulnerable adults. The Department's Aging Service Division is working with various stakeholders on these efforts and the committee may want to receive updates from DHS and the other stakeholders on the use of the funding, the number of people served, and the number of reports received.

Other Efforts:

- A Medicaid State Plan Amendment was approved in 2012 allowing Community Health Representatives (CHRs) to provide case management for individuals receiving Medicaid State Plan under the supervision of a case manager, nurse, therapist, MD etc. Training was held at Sitting Bull College on June 19 and 20, 2013, by the HCBS administrative staff for the CHRs. Additional training will continue for other tribal CHR programs in September 2013.